

2641

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. Exact statements of OCCUPATION should be given on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Bradley</u> State <u>Arizona</u>		State File No. <u>124</u>	
District or Township <u>Safford</u>		or Village <u>Pima</u>		Registered No. <u>50</u>	
City <u>Pima</u>		No. <u>1</u> St. <u>1st</u>		Ward <u>1</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Harriett E. Cluff</u>					
(a) Residence, No. <u>Pima</u> (Usual place of abode) <u>Ariz</u> St. <u>1st</u> Ward <u>1</u>					
Length of residence in city or town where death occurred <u>20</u> yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widow</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Arson Cluff</u> (or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>May 31-1885</u>					
7. AGE	Years <u>75</u>	Months <u>10</u>	Days <u>15</u>	IF LESS than day or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) <u>Pima</u> (State or country) <u>Utah</u>					
10. NAME OF FATHER <u>James A. Bean</u>					
11. BIRTHPLACE OF FATHER (city or town) <u>Blackman</u> (State or country)					
12. MAIDEN NAME OF MOTHER <u>Harriet H. Fawcett</u>					
13. BIRTHPLACE OF MOTHER (city or town) <u>Blackman</u> (State or country)					
14. Informant <u>H. A. Taylor</u> (Address) <u>Pima, Ariz</u>					
15. Filed <u>5/8/31</u> <u>J. M. Stratton</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>April 16-1931</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 9</u> , 19 <u>31</u> to <u>Apr. 16</u> , 19 <u>31</u> , that I last saw her alive on <u>Apr 16</u> , 19 <u>31</u> , and that death occurred, on the date stated above, at <u>12-30 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Influenza</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? Did an operation precede death? <u>No</u> Date of Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>D. H. Brantley</u> , M. D. <u>4/16/31</u> <u>Pima Ariz</u> (Address)					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima Ariz</u> DATE OF BURIAL <u>April 17-31</u>					
20. UNDERTAKER <u>H. C. Ransen</u> ADDRESS <u>Safford</u>					